		(Column 1)		10	665	193
.	FOR NU	MOER EU CO	SIMALL ENTITY		HER THAI	7
	(37 CFR (.16(a))	NUMBER EX	TRA RATE FEE	J SM	ALL ENTITI	$ \bot $
101	(37 CFR 1.16(c)) INDEPENDENT CLAIMS (37 CFR 1.16(b)) 8	minus 30 .	x s 25 = s	OR RATE	· FA	
	MULTIPLE DEPENDENT CLAIM PRESE	ENT (37.050	x s 100_	OR $\times 50$	- 1]
	therence in column 1 is less in	Tan zero, enter "O" in column 2	+5.180	OR + 360	-	- -
	CLAIMS AS AM	IENDĘD – PART II	TOTAL	OR TOTAL		
	COlumn 1) CLAIMS REMAINING AFTER AMENOMENT Total (3) CFR 1.16(c)) Independent (3) CFR 1.16(c)) FIRST PRESENTATION OF MULTIPLE ((Column 2). (Colum	SMALL ENTITY FRATE ADDITIONAL FEE x s 25 = x s 100 =	OR OTHER SMALL RATE OR $\times 50$ = OR $\times 5200$	R THAN ENTIN ADD TIONIL FE	
}	(Column 1) CAIMS	(Column 2) (Column 3)		OR +5360. OR TOTAL ADO'L FEE		
	Total Original Liquit Independent Original Liquit Millian Christian Millian Millia	PREVIOUSLY EXTRA	ADDI. TIONAL FEE	RATE R x s 50=	ADDI TIONAL FEE	
	FIRST PRESENTATION OF MULTIPLE DEA	PENDENT CLAIM (37 CFR 1.16(d))	101Al OF			
AMENDMENT	REMAINING AFTER AMENOMENT TOTAL UT CORR LINGUIL MICH.	15 112	RATE ADDITIONAL FEE OR K S 100.	RATE AND THE	DDI DNAL EE	
,	If the entry in column 1 is less than the entry in the Highest Number Previously Paid For the Hi		TOTAL OR ADO'L FEE OR	x s 2002 + 3602 TOTAL ADOL FEE		

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1, 16. The information is required to obtain or retain a benefit by the public which Is to file (and by the industry gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1.800.P [0.9199] and select option 2